

## COUNTY OF PAGE REZONING APPLICATION INSTRUCTIONS

It is the responsibility of the applicant to complete this form in its entirety and as precisely as possible.

Please attach the following in support of this application:

1. A copy of the deed to the property (may be obtained from the Circuit Court of Page County.) Also a copy of the paid real estate tax receipt for the parcel (may be obtained from the Page County Treasurer's Office.)
2. You must have the last page of this application completed by all applicable agencies, including the property owners association of the subdivision, prior to submitting the application.
3. A copy of a survey plat (if one is available) by a registered land surveyor (licensed in Virginia) or a hand drawn sketch of the property. On this plat or sketch draw all existing buildings and the proposed structure including measurements to property lines.
4. A vicinity map showing land use surrounding the property within five hundred (500) feet, existing zoning of the tract and abutting lots, an indication of the availability of water and sewer facilities, and principle highway access to the property.
5. If you have any questions, please call the Page County Planning Department 540-743-4142, 9 a.m. to 5 p.m., Monday through Friday.

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ADDITIONAL INFORMATION MAY BE REQUIRED IF THE ZONING ADMINISTRATOR OR PLANNING DIRECTOR DETERMINES IT NECESSARY TO ENSURE CONFORMANCE WITH AND TO PROVIDE ENFORCEMENT OF THIS ORDINANCE.

## REZONING FEES

The fee for a rezoning application is \$1,000.00 plus \$50.00 per acre. This fee is due upon submittal of the completed application and is non-refundable. There is also a \$50.00 refundable deposit for a public hearing sign. Upon submittal of your application a public hearing sign will be provided to you. The sign is to be posted on the land that is to be rezoned so that it is visible from adjoining roads and property. It must be posted at least 14 days prior to the public hearing and maintained so as to be visible from adjoining roads and property until after the public hearing. **Failure to post the sign will result in your application being tabled.** The sign is to be returned after the Board of Supervisors act on the application. Please make check payable to the County of Page.

Applications for rezoning are first heard by the Page County Planning Commission for their recommendations and then by the Page County Board of Supervisors for final decision at public hearings. Your rezoning application will most likely be first heard at a Planning Commission work session followed at a later date by Planning Commission public hearing.

COUNTY OF PAGE  
REZONING APPLICATION

ZONING AMENDMENT NO. \_\_\_\_\_

DATE \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

FEE PAID \_\_\_\_\_

DENSITY RANGE: \_\_\_\_\_

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1. The applicant is the owner \_\_\_\_\_ other \_\_\_\_\_ (Check one)

2. OWNER

OCCUPANT (If other than owner)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

3. Location of property (give exact directions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Property size \_\_\_\_\_

5. Tax Map Number \_\_\_\_\_

Magisterial District \_\_\_\_\_

6. It is desired and requested that the property be rezoned from \_\_\_\_\_  
to \_\_\_\_\_

7. It is proposed that the property will be put to the following use: \_\_\_\_\_

8. It is proposed that the following buildings will be constructed: \_\_\_\_\_

\_\_\_\_\_

Applicants additional comments, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (we), the undersigned, do hereby certify that the above information is correct and true. I (we) further understand that in granting approval of this application, the Board of Supervisors may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met. *Please refer to the attached "Power of Attorney" form for those applicants that desire to have a spokesperson, who is not the property owner, represent the application and property.*

Signature of Owner \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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COMMENTS BY PLANNING DEPARTMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PLANNING DIRECTOR

\_\_\_\_\_  
DATE

SUBMIT NAMES AND COMPLETE MAILING ADDRESSES OF ALL ADJOINING PROPERTY OWNERS, INCLUDING PROPERTY OWNERS ACROSS ANY ROAD OR RIGHT-OF-WAY. (Continue on back if needed.)

Names and address of property owners may be found in the Real Estate and Land Use Office at the Commissioner of Revenue's Office.

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ADJOINING PROPERTY OWNER VERIFICATION:

AS APPLICANT FOR THIS REZONING REQUEST, I \_\_\_\_\_  
HEREBY ACKNOWLEDGE THAT I HAVE FAITHFULLY AND CORRECTLY PROVIDED NAMES AND COMPLETE MAILING ADDRESSES OF ALL MY ADJOINING PROPERTY OWNERS AND THOSE DIRECTLY ACROSS THE ROAD OR RIGHT-OF-WAY. I UNDERSTAND THAT FAILURE TO PROVIDE ALL ADJOINING PROPERTY OWNERS WILL LEAVE ME LIABLE FOR ADDITIONAL COSTS FOR RE-ADVERTISEMENT AND NOTICES MAILED AND THAT MY REQUEST COULD BE DELAYED UNTIL PROPER NOTIFICATION HAS BEEN GIVEN TO ALL ADJOINING PROPERTY OWNERS AND THOSE PROPERTY OWNERS ACROSS THE ROAD OR RIGHT-OF-WAY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

PLEASE HAVE THE FOLLOWING AGENCIES ENTER THEIR COMMENTS BELOW BEFORE  
SUBMITTING THIS APPLICATION TO THE PLANNING DEPARTMENT.

VIRGINIA DEPARTMENT OF TRANSPORTATION  
P.O. BOX 308  
LURAY, VIRGINIA 22835  
540-743-6585

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DATE

VDOT OFFICIAL

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PAGE COUNTY HEALTH DEPARTMENT  
75 NORTH COURT LANE  
LURAY, VIRGINIA 22835  
540-743-6528

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DATE

HEALTH OFFICIAL

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PAGE COUNTY BUILDING OFFICIAL  
108 SOUTH COURT STREET  
LURAY, VIRGINIA 22835  
540-743-6674

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DATE

BUILDING OFFICIAL

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SUBDIVISION PROPERTY OWNERS ASSOCIATION

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DATE

PRESIDENT OR SECRETARY

**Special Limited Power of Attorney  
County of Page, Virginia**

**Page County Planning Department 540-743-4142**

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Know All Men By Those Present: That I (We)

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Address) \_\_\_\_\_

the owner(s) of all those tracts or parcels of land ("Property") conveyed to me (us), by deed recorded in the Clerk's Office of the Circuit Court of the County of Page, Virginia, by

Instrument No. \_\_\_\_\_ on Page \_\_\_\_\_ and is described as

Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Address) \_\_\_\_\_

To act as my true and lawful attorney-in-fact for and in my (our) name, place, and stead with full power and authority I (we) would have if acting personally to file planning applications for my (our) above described Property, including:

\_\_\_\_\_ **Rezoning**  
\_\_\_\_\_ **Special Use Permit**  
\_\_\_\_\_ **Variance or Appeal**  
\_\_\_\_\_ **Subdivision Waiver**

My attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows:

\_\_\_\_\_ This authorization shall expire one year from the day it is signed, or until it is otherwise rescinded or modified.  
I witness thereof, I (we) have hereto set my (our) hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Signature(s) \_\_\_\_\_

State of Virginia, City/County of \_\_\_\_\_, To-wit:

I, \_\_\_\_\_, a Notary Public in and for the jurisdiction aforesaid, certify that the person(s) who signed to the foregoing instrument personally appeared before me and has acknowledged the same before me in the jurisdiction aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary Public